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 26389 7590 09/16/2003

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Patricia Gribble (Depositor's name)
Patricia Gribble (Signature)
 December 10, 2003 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/629,771	07/31/2000	Mark H. Wyzgala	BSC0114052	5428

TITLE OF INVENTION: EXPANDABLE ABLATION BURR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1900 \$1330	\$0	\$1900 \$1330	12/16/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
LEWIS, RALPH A	3732	606-170000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Christensen O'Connor
 Johnson Kindness PLLC

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

SCMED Life Systems, Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Maple Grove, Minnesota. 55411

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
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☐ Advance Order - # of Copies _____

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(Authorized Signature)

(Date) 12/10/2003

Reg. No. 46,468 Brandon C. Stallman

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